



STATE
OF
GEORGIA

Application for RECORDS DISPOSITION STANDARD

OFFICE OF SECRETARY OF STATE
DEPARTMENT OF ARCHIVES & HISTORY
RECORDS MANAGEMENT DIVISION

PAGE
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|---|--|--|--------------------|--|------------------------------------|
| 1. Application Date March 23, 1972 | | INSTRUCTIONS: See separate instructions for completion of front and reverse of this form. Sign original and two copies and forward to Department of Archives and History, Attention: Records Management Officer. | | FOR RECORDS MANAGEMENT DIVISION USE Date Received APR 19 1972 Application No. 110 Date Completed APR 27 1972 | |
| 2. Agency Application No. 7 | | 3. AGENCY, Division, Subdivision & Administering Office Address Georgia Ports Authority P. O. Box 2406 Savannah, Georgia 31402 Comptroller Division | | 4. Person to Contact G. J. Nichols | |
| | | | | 5. Working Title | 6. Tel. No. 912 964-1721 |
| 7. ACTION REQUESTED <input checked="" type="checkbox"/> ESTABLISH DISPOSITION STANDARD; RECORD WILL CONTINUE TO ACCUMULATE. <input type="checkbox"/> DISPOSE OF PRESENT ACCUMULATION; NO FURTHER ACCUMULATION ANTICIPATED. | | | | | |
| 8. Inclusive Dates January 1, 1969/ to date | | 9. EXACT SERIES TITLE Annual Wage Summary Files | | | |
| 10. What is the function of the office in which this record series is created COMPTROLLER: The Comptroller is responsible for the accounts of the Authority and establishes and maintains accounting methods and procedures for the books of the Authority. He analyzes and checks all financial activities of the Authority for compliance with the Board's policies and the minutes of the Board of Directors meetings; is responsible for the auditing and accounting provisions of all contracts, leases, and agreements of the Authority; provides protection of the assets with adequate internal control procedures and assures proper insurance coverages for the Authority's properties; and co-ordinates the preparation of the annual budget with the various divisions. Under his supervision, monthly financial statements are published and related financial and cost data reports are prepared and distributed. | | | | | |
| 11. DESCRIPTION OF SERIES - Include Form No. & Form Title, if any and file arrangement This is a computer printout of the Annual Wage Summary showing: Employee No., Name, Gross, Federal Withholding tax, State Withholding tax, FICA tax, Metro. Retirement, R. R. Ret., and a record of the Year to Date of Vacation and Sick Leave (total). | | | | | |
| 12. | | | | | |
| EQUIPMENT OCCUPIED | | No. of Drawers | Cu. Ft. of Records | ANNUAL RATE OF ACCUMULATION | |
| Letter-size File Drawers | | | | 1 1 | |
| Legal-size File Drawers | | | | In Office(s) In Storage Area(s) | |
| | | | | 9 18 | |
| Shelves | | 18 | 18 | This Year's Last Year's Preceding Year's All Prior Years' | |
| | | | | Very Seldom None None None | |
| | | | | AVERAGE DAILY REFERENCES | |

QUESTIONNAIRE Place an "x" in the proper column. If answer is "YES," please explain

- | | YES | NO |
|---|-------------------------------------|-------------------------------------|
| 13. Is this the Record Copy of the series? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 14. Is there a duplication of this series in another office or agency? The data is duplicated on IBM - 4 cards. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 15. Is the information contained in this series ever summarized or published? See Item 20-21 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 16. Does the series contain classified information requiring security handling? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 17. Does the series document policies and procedures of agency's operation or function? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 18. Could the function be performed if the files were lost or destroyed? By checking with all agencies involved, the file could be restored. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 19. Is the series (or major portion of it) regularly microfilmed? If yes, why? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 20. Does the record series provide data as input to an EDP file? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 21. Does the record series contain documentation produced as EDP printout? This is a consolidation of information in the IBM 4 card*. The 4 cards are | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 22. Is the series affected by Federal or grant funds? destroyed subsequent to creation of these files. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 23. Will there be a need for these records 10, 15 years from now? If yes, what? Except retirement, vacation and sick leave is not printed on the W-2 forms. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

24. REQUIREMENTS. The following requires the files to be kept 3 years:

- a. ☐ STATE LAW b. ☐ STATUTE OF LIMITATION c. ☒ AUDIT PERIOD d. ☐ FEDERAL LAW e. ☒ ADMINISTRATIVE DECISION f. ☐ HISTORICAL VALUE
(Cite Law, Statute, or other reason for the retention requirement)

25. AGENCY RECOMMENDATIONS. This agency recommends that the file series be cut off at the end of each - ☒ CALENDAR YEAR - ☐ FISCAL YEAR - ☐ OTHER, then:

- A. ☐ Destroy immediately after cut off, until audit by Arthur Andersen and State Auditor
B. ☒ Hold in current files area month(s) / year(s), then:
1 ☐ Destroy. local holding area
2 ☒ Transfer to ~~records center~~, hold 2 year(s), then: Destroy.
3 ☐ Destroy after audit (or year(s) after audit).
C. ☐ Hold in current files area indefinitely.
D. ☐ Hold in current files area year(s), then transfer to Archives permanently.
E. ☐ Other

(Indicate briefly rationale for recommendations above/or write additional remarks):

Attach Samples of the Series

| 26. Recommendations in Paragraph 25 are: | | Records Management Officer | Date |
|--|---|-------------------------------|---------|
| | <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved | <i>[Signature]</i> | 3-31-72 |
| | <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved | Audit Dept. | Date |
| | <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved | Secretary of State / Designee | Date |
| | <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved | Law Department | Date |
| | <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved | <i>[Signature]</i> | 4-17-72 |
| | | <i>[Signature]</i> | 4-15-72 |